

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10762439
APPLICANT(S) _____

FILING DATE 01-22-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		1				
4	1					
5		4				
6		1				
7		4				
8		1				
9		4				
10		6				
11		4				
12		4				
13		4				
14	1					
15		1				
16		1				
17		1				
18	1					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	39					
TOTAL CLAIMS	44					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						